

# Behavioral Sciences Regulatory Board

## Mailing Lists and Label Order Form

To order please submit this form, the Open Records Request form and payment by fax or mail to:

Behavioral Sciences Regulatory Board  
700 S.W. Harrison St, Ste. 420  
Topeka, KS 66603-3929  
Fax – (785) 296-3112

|                      |       |               |  |
|----------------------|-------|---------------|--|
| Company/Organization |       |               |  |
| Name                 |       |               |  |
| Street address       |       |               |  |
| City                 | State | Zip code      |  |
| Phone                | Fax   | Email address |  |

  

| Please check the list(s) you are requesting. | Printed      | Labels        | Emailed List |
|--|--------------|---------------|--------------|
| Psychologist – LP                            | \$12.00_____ | \$25.00_____  | \$10.00_____ |
| Social Workers – LASW, LBSW, LMSW, LSCSW     | \$50.00_____ | \$100.00_____ | \$10.00_____ |
| Professional Counselor – LPC, LCPC           | \$12.00_____ | \$25.00_____  | \$10.00_____ |
| Masters Level Psychologists – LMLP, LCP      | \$12.00_____ | \$25.00_____  | \$10.00_____ |
| Marriage and Family Therapists – LMFT, LCMFT | \$12.00_____ | \$25.00_____  | \$10.00_____ |
| Addiction Counselors - LAC, LCAC             | \$12.00_____ | \$25.00_____  | \$10.00_____ |
| All Six Professions Combined                 | \$75.00_____ | \$150.00_____ | \$10.00_____ |

  

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|--|--|
| <p><b>SPECIAL REQUESTS:</b><br/>There is an additional \$5.00 fee for special requests.</p> <p>_____ Only licensees residing in Kansas</p> <p>_____ Certain Levels of License</p> <p>Please list _____</p> <p>_____ Specific County (only available for Kansas Counties)</p> <p>Indicate name of County_____</p> | <p><b>Sort Order:</b><br/>Please select one.</p> <p>_____ Alphabetical</p> <p>_____ Zip Code</p> <p>_____ License Type</p> <p>_____ County</p> |
|--|--|

If you have any questions please contact  
Marilyn Revell (785) 296-3240 or  
[marilyn.revell@ks.gov](mailto:marilyn.revell@ks.gov)

**Please note this order can not be processed with out the Open Records Request form**

Revised 07/6/16

**CERTIFICATION OF USE OF PUBLIC RECORDS  
REQUESTED UNDER THE OPEN RECORDS ACT**

I hereby certify that as a requester of public records under the Open Records Act that I do not intend to and will not

- (A) Use any list of names or addresses contained in or derived from the records or information for the purpose of selling or offering for sale any property or service to any person who resides at any address listed; or
- (B) Sell, give or otherwise make available to any person any list of names or addresses contained in or derived from the records of information for the purpose of allowing that person to sell or offer for sale any property or service to any person listed or to any person who resides at any address listed,

Except for those purposes set forth and authorized under K.S.A. 21-3914. I certify that I am an authorized representative and agent of either

An organization of persons who practice a profession or vocation and the list requested is for membership, informational, or other purposes related to the practice of the profession or vocation and the list is solely of those persons licensed, registered or issued certification to practice that profession or vocation, or

an organization that provides professional or vocational educational materials or courses to persons applying for examinations for licenses, registrations, certificates or permits to practice a profession or vocation and the sole purpose of the list is to provide such applicants with information relating to the availability of such materials or courses.

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SIGNATURE

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PRINT NAME AND TITLE

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STREET ADDRESS

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CITY

STATE

ZIP

**Please complete and return with order form.**

**Sam Brownback**  
Governor

**Max L. Foster, Jr.**  
Executive Director



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(785) 296-3240  
Fax: (785) 296-3112  
[www.ksbsrb.ks.gov](http://www.ksbsrb.ks.gov)

## **Credit Card Payment Form**

**Only complete when paying by credit card.**

*The credit cards accepted are American Express, Discover, MasterCard and Visa.*

Amount of Purchase: \$ \_\_\_\_\_

Credit Card:      American Express \_\_\_\_\_      Discover \_\_\_\_\_  
                         MasterCard \_\_\_\_\_      Visa \_\_\_\_\_

Credit Card Acct. #    \_\_\_\_\_

Credit Card Expiration Date    \_\_\_\_ / \_\_\_\_

Name as it appears on the card    \_\_\_\_\_

Signature: \_\_\_\_\_      Date \_\_\_\_\_

**For Office Use Only:**

**Approval Number** \_\_\_\_\_

**Date** \_\_\_\_\_